

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101596898

**FILING DATE**

**CLAIMS**

CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
10		/					60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1						TOTAL IND.
TOTAL DEP.	14	◀	◀	◀	◀	◀	TOTAL DEP.
TOTAL CLAIMS	15						TOTAL CLAIMS